ASTHMA IN SENIORS
POSSIBLE RELATIONSHIP WITH SMOG

AME: _____

DDRESS: _____
Street

_____
City Zip Code

ELEPHONE NUMBER: ( )_____ SEX: _____

ODAY'S DATE: _____

IRTH DATE: _____

YMPTOMS RELATING TO YOUR CHEST OR BREATHING

1.	Have you had wheezing or whistling in your chest at any time in the last 12 months?	YES NO (circle)
	If "NO" skip to Question 2	
	If "YES"	
1.1	How old were you when you first had wheezing or whistling in your chest? (make the best estimate that you can)	_____ years old
1.2	Is your wheezing worse at any of the following times of the year?	
1.2.1.	February - June	YES NO
1.2.2.	July	YES NO
1.2.3	August - October	YES NO
1.2.4	November - January	YES NO
1.3	Is your wheezing better or worse on weekends?	(circle 1 no.)
	Better	1
	Worse	2
	Sometimes worse, sometimes better	3
	Neither worse nor better	4

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Tightness in the chest in the early morning

2. Do you sometimes wake with a feeling of tightness in your chest first thing in the morning? YES NO

If "NO" skip to Question 3
If "YES"

2.1 For how long does this tightness usually last? (circle 1 no.)

Less than 30 mintues	1
Less than 1 hour	2
More than 1 hour	3

2.2 Is this tightness usually relieved by medicines (including aerosols, inhalers, or pills?) YES NO

Shortness of Breath

3. Have you at any time in the last 12 months, had an attack of shortness of breath that came on during the day when you were not doing anything strenuous? YES NO

4. Have you, at any time in the last 12 months, been woken at night by an attack of shortness of breath? YES NO

Phlegm From the Chest

5. Do you usually bring up phlegm from your chest first thing in the morning? (Clearing your throat does not count). YES NO

If "NO" skip to Question 6

If "YES"

5.1 Have you brought up phlegm from your chest like this on most mornings for at least 3 months each year? YES NO

6. Which of the following statements best describes your breathing? (circle 1 no.)

I rarely if ever have trouble with my breathing	1
I do have regular trouble with my breathing, but it always gets completely better	2
My breathing is never quite right	3

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THINGS THAT MIGHT AFFECT YOUR CHEST OR BREATHING

Colds

7. When you have a cold or "flu" or other respiratory infection, do you usually:

7.1	Also get a cough?	YES	NO
7.2	Start to wheeze?	YES	NO
7.3	Get a feeling of tightness in your chest	YES	NO
7.4	Start to feel short of breath?	YES	NO

Smoking Rooms and a Smoky Atmosphere

8. When you are in a smoky room or smoky atmosphere do you usually:

8.1	Start to cough?	YES	NO
8.2	Start to wheeze?	YES	NO
8.3	Get a feeling of tightness in your chest?	YES	NO
8.4	Start to feel short of breath?	YES	NO

Animals, Dust, Feathers

9. When you are in a dusty part of the house or with animals (for instance dogs, cats, or horses) or near feathers (including pillows, quilts and elderdowns) do you ever:

9.1	Start to cough?	YES	NO
9.2	Start to wheeze?	YES	NO
9.3	Get a feeling of tightness in your chest?	YES	NO
9.4	Start to feel short of breath?	YES	NO
9.5	Get a runny or stuffy nose, or an attack of sneezing?	YES	NO
9.6	Get itchy or watering eyes?	YES	NO

Trees, Grass, Plants, Flowers or Pollen

10. When you are near to trees, grass or flowers, or when there is a lot of pollen about, do you ever:

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10.1	Start to cough?	YES	NO
10.2	Start to wheeze?	YES	NO
10.3	Get a feeling of tightness in your chest?	YES	NO
10.4	Start to feel short of breath?	YES	NO
10.5	Get a runny or stuffy nose, or attacks of sneezing?	YES	NO
10.6	Get itchy or watering eyes?	YES	NO

11. Does exercise or strenuous work ever make you:

11.1	Start to cough?	YES	NO
11.2	Start to wheeze?	YES	NO
11.3	Get a feeling of tightness in your chest?	YES	NO
11.4	Get suddenly short of breath?	YES	NO

ILLNESS THAT YOU HAVE HAD IN THE PAST, OR STILL HAVE

12.	Have you ever had asthma?	YES	NO
	If "NO" skip to Question 13		
	If "YES"		
12.1	Was this confirmed by a doctor?	YES	NO
12.2	How old were you when you had your first attack?	_____ years old	
12.3	Have you had an attack in the last 10 years?	YES	NO
12.4	Have you had an attack in the last 12 months?	YES	NO
12.5	Are you taking any medicines (including inhalers, aerosols or tablets) for asthma?	YES	NO
13.	Have you had attacks of "hay fever"?	YES	NO
14.	Did you have eczema as a child?	YES	NO
15.	Have you ever had pneumonia?	YES	NO
	If "NO" skip to Question 16		

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If "YES"

15.1 What year(s) did pneumonia occur? _____

_____

15.2 Were you hospitalized? YES NO

15.2.1 If yes, list years _____

_____

15.3 Was the pneumonia confirmed by X-ray? YES NO

15.3.1 If yes, list years _____

_____

16. Are you now or were you a smoker? YES NO

16.1 How many years have/did you smoke? _____ years

16.2 How many packs per day? _____ no. of packs

16.3 If you quit smoking, how many years ago? _____ no. of years

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